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	ORD. I	IXSIC	state		
	REC	Y. PI	Exact		
MARGIN RESERVED FOR BINDING	WRYTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
BIN	PER	I EX	rly cl	ate.	
FOR	IS A	stated	prope	TION is very important. See instructions on hack of certificate.	
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05416
1. PLACE OF DEATH	730
County Harford	Registration Dist. No. 18
Village or City Ciberdeen	No. St., Ward
Length of residence in city or town where death occurred yyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Malter 4. haronson	2
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cllic M. Garman.	22. I HEREBY CERTIFY, Thet I attended deceased from Africa
6. DATE OF BIRTH (month, day, end year) December 13 -1875	Hast saw him alive on May 14 th 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5705 Gem.
56 5 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Past Master SAWYER, BOOKKEEPER, etc.	Hypertension > clusion Date of onset
9. Industry or business in which work was done, as SILK MILL, An W. A. Cost-Office SAW MILL, BANK, etc.	and a
1D. Date deceased last worked at the this occupation (month end 1930 spent in this 1640 occupation 1930	
12. BIRTHPLACE (city or town) Chereleen (State or country) Many	Dither Contributory Causes of Importence: Bronce Juenning May 14
13. NAME ambrose Caronson	
(State or country) 14. BIRTHPLACE (city or town) (State or country) Manyland	Name of operation None Date of What test confirmed diagnosis? Bluming Was there an autopsy? NO.
15. MAIDEN NAME Gris Je Blyn	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFDRMANT Mis! Ollie M. Ciarran (Address) Sherica mis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Show Carrier Date May 19, 1932	Manner of Injury
19. UNDERTAKER Menzy Tavning Stones. (Address) algerdien Herd	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED May 19, 1937 Of Mychael	(Signed) 1 Planger M.D. (Address) Asendan M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I		Example II		
The principal cause of death and related causes Date of onse of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	11111 0	1915	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	note of TREE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
	LOLLES U V.	9.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronie interstitial nephritis 1921 I week ago Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

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V. S. No. 1 B

1. PLACE OF DEATH	92-0
County. Harfyy	Registration Dist. No. / D
Village or City Cilication	NoSt., W
110.1.00 11	(II death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Stripteld S. limist	ing
(a) Residence: No. / (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Meery 6 1932
a. If married, widowed, or divorced	(Month) C (Day) (Year)
HUSBAND OF Laura C. Corchur	22. NOVI HEREBY CERTIFY That I attended deceased f
DATE OF BIRTH (month, day, and year) Sust. 21 -185	7 I last saw him alive on May 6 , 1932 death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 450 Pm.
74 7 - 1 day,hi	were se follows:
8. Trade, profession, or particular	Date of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Chronel Endo Cardel
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year)	
DEPTINE ACT (-iA. and an)	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country) (State or country)	
13, NAME Andrea Constant	
The same harman for	M d M
14. BIRTHPLACE(city or town) (State or country) Mary Land	Name of operation
15. MAIDEN NAME Catherine Billouf	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. INFORMANT Mrs. Lama C. Constray	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chrocke Trad	
Place Diken Centy Date May 9 193	Manner of injury
1920	Nature of injury
9. UNDERTAKER Sawy January Jones	24. Was disease or Injury in any way related to occupation of deceased? 100
(Address) Cherdin Mid.	If so, specify
O. FILED May 9 1972 Chlichae	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example-I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of infor-

B.—WRITE PLAINLY

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/	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05798
	1. PLACE OF DEATH	
	County Harfard	Registration Dist. No. 184
	Village or City Nr. Conswings (IF	No. St., Warddeath occurred in a hospital or institution, give its NAME instead of street and number)
	1	ds. How long in U. S. if of foreign birth?yrsmosd
	(a) Residence: No.	St Ward.
-	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (surice tha word)	21. DATE OF BEATH Month Med 16, 193 21. (Yaer)
	5a. If marriad, widowed, or divogead HUSBAND of State Control of Corp. WIFE of TRINK I I. B.	HEREBY CERTIFY That I attended deceased from the state of
9	6. DATE OF BIRTH (month, day, and year) /warch 9-1885	Halletay stya 32 floalist aloathle
certificate	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
t the	47 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
5	8. Trade, profession, or particular	Data of one
Jo !	kind of work done, as SPINNER, Salksman	accidental drowning
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Dicision / P. M. jury
uo	10. Date decaased last workad at this occupation (month and yaar)	
Instructions	12. BIRTHPLACE (city or town) Leasock Sour, Co. (Stata or country)	Other Contributory Causes of importance:
str	I 13. NAME Elias Bard	
	14. BIRTHPLACE (city or town) Leacocle Same. Co.	Name of operation Date of
N	(State or country)	Whet test confirmed diagnosis? Was there an aulopsy?
اي	15. MAIDEN NAME MOTY C. & CRart	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
taı	16. BIRTHPLACE (city or town) Bleacock Souce Ca	Accidant, suicide, or homicide?
por	16. BIRTHPLACE (city or town) Seacock Space on (Stata or country)	Where did injury occur? The ASI Consocition >-
important.	O. C. Hocamanath.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	17. INFORMANT VIEW TO PROJECT PA	Conowings Many
20	18. BURIAL, CREMATION, OR REMOVAL Place Struct Soulland Mass, 1932	Mannar of injury Duning
TION	19, UNDERTAKER # & Baily	24. Was disease or injury in any way related to occupation of deceasad?
	(Addrass) Warlington I ma	If so, specify
- 1	Au 10 Och MI The to	(Cional) 11 6 24 allow

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1035	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	CERTIFICATE OF DEATH 05419
1. PLACE OF DEATH County Harlord	Registration Dist. No. 184
Village or City Whitelord	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos 2. FULL NAME Velva Viola	Barrett.
(a) Residence: No. White face of abode)	1. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (1932)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qua 23 1936	I last sew her elive on mary 7 193 Z death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at 2 9 m.
8 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	mentranora Group may//s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Way Barrier (State or country)	Other Contributory Causes of importance:
13. NAME Won Barrett.	
13. NAME Work Barrett. 14. BIRTHPLACE (city or town). Whitehold	Name of operation
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Claratile Rhodes 16. BIRTHPLACE (city or town) - York Co Pa	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Barott. (Address) Whitehad M.L.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place State Side Date May 8, 1931	Manner of injury
19. UNDERTAKER Shift of Hankers	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May. 8 , 1932 14. J. M. M. Malh	(Signed) Tohouse W. Garrows M. D.

(Address)

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CINI O NOS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCNPA. WITH UNFADING INK-THIS IS A PERMANEIM RECORD, Every ibem of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLATNLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH (5420)		
1. PLACE OF DEATH		
County Taylor & WITHIN BONPONA	Registration Dist. No. 185	
Village or City Have the Chace	No. 4/9 Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos	ds. How long In W.S. If of foralgn birth?yrsmosds.	
2. FULL NAME Jaura Virgini	a Barron	
(a) Residence: No. 4/9 Congless Co	- St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR-DIVORCED (write tha word) Termale ORDIVORCED (write tha word)	21. DATE OF DEATH May. 17 , 193 2	
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)	
(or) WIFE of Work fra Barrow	22. I HEREBY CERTIFY, That I attended decassad from 1932 to May 1 1932	
6. DATE OF BIRTH (month, day, and year) March, 21, 1860	I last saw her alive on Mul 1932; daath is seid	
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et	
72 / 26 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER Across Duties SAWYER, BDDKKEEPER, etc.	Dete of onset	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The second secon	
1D. Data deceesed last worked at this occupation (month and May 193) spant in this year) occupation		
12. BIRTHPLACE (city of town) Harfordlo. Will. (State or country)	Other Contributary Causes of importance:	
13. NAME Samuel C. Hopkins		
4 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of	
v m n n	What test confirmed diegnosis?	
15. MAIDEN NAME ///ary Forslar	23. If death was dua to extarnal causes (VIDLENCE) fill in elso tha following:	
16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcida, or homicide? Date of injury, 19	
17. INFDRMANT Ms. Wm Ira Barrows (Addrass) 419 Congress Co	Whera did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury	
Place May 20, 1932	Nature of injury	
19. UNDERTAKER / Advisor Mitchell (Addrass) Vaire de Grace, Mid.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify	
20. FILED May 18, 1932 Charles J. Foliy In D. Registra.	(Signad)	
# W	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, inechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

	U0441
PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
County	CERTIFICATE OF DEATH
0'0-	Registration Dist. No. /8
	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME William Blu	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 20, 1982 (Month) (Day) (Year)
6 DATE OF BIRTH	17 . I HEREBY CERTIFY, That I attended the decemed from
mor 23 . 1865	Wfrel 1 132. 10 may 20 1032
(Month) (Day) (Year)	that I last saw hare alive on May 13 1982,
7 AGE [If LESS than	and that death occurred on the date stated above, at
7 1 dayhrs.	The CAUSE OF DEATH * was as follows:
66 yrs. 5 mos. de. or min.	
8 OCCUPATION (a) Trade, profession or	Chronie myocardial Diselbe
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Ohio	Contributory Secondary (Duration)
10 NAME OF Greet Bluenkant	(Signed) Wellard P. Husson M. D.
0 11 BIRTHPLACE	may 20 1932 (Address) four fall, ma
OF FATHER Z (State or country)	*State the Discase Causing Death, &, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Margant Ritter	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or commercy)	of death yrs mos. State syrs most de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted at July Horne this
(Informant) Colorch foly paluch	Former or usual residence MAN W Olsin
(Address) Hufre as Henry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
The state of the s	Hay 20, 193.2
Filed May 20 19832 D. E. Mamuelles - Registrar	Dean John Bolain md
If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs,. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, ," etc., Foreman, For many occupations a Farm loborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Solesman. without more precise specification as Doy For persons who have no occupation (b) Amomobile factory. The material single word or term on (6) Grocery;

Strtement of Cause of Death—Name, first, the pissea. In the sum of Cause of Death—Name, first, the pissea. In the sum of Causation, using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronelopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA-

ż

	CERTIFICATE OF DEATH 05422
1. PLACE OF DEATH	95-6
County Harford WIZEIN DONPORATO LIMITS	Registration Dist. No. 185
Village or City Dave de Grace (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John Bonner	
(a) Residence; No. Mukusur	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH NAY 14 7 (Month) (Day) (Veer)
5e. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of CORP WIFE OF WILL SHOWN	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) Usknown	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, Called SAWYER, BOOKKEEPER, etc.	
9. Industry or business In which	found deed we
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	10 1100
10. Date deceased last worked at this occupetion (month end year) 11. Total time (years) spent in this occupetion	- ANCO
7/4 Lyown	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	This again to stronger
	- The Market Charles
13. NAME	work of lun.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
State or country)	Where did Injury occur?
17. INFORMANT Jagiple Hamburger (Address) Layer le Engles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Louis Cerel Date May 2/-, 19 32	Nature of Injury
19. UNDERTAKER Fearming four Son	24. Was disease or Injury In any wey releted to occupation of deceased?
(Address) / Colored	Jay lah Hambura (Perocus)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ated causes	
ateu causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
nce:	
	1 year
	nce:

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

Mate of infor-

Exact statement of OCCUP PHYSICIANS should

1	
RESERVED	
MARGIN	
2	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 05498		
1. PLACE OF DEATH	(50)	
County Harford WTHIN CORPORAT	Registration Dist. No. 185	
Villago-or City James de Grace.	Nto.	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence In city or town where death occurred		
2. FULL NAME Substitut J. La	rle,	
(a) Residence: No. 19 2-21 Junion Atra	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX— 4. COLOR OR RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
Terrale polite Narried	21. DATE OF DEATS ay 29 1 1932 (Year)	
5a. If marriad, widowed, or divorced HUSBAND-01- (or) WIFE of Levert J. Rlark.	22. A HEREBY CERTIFY, That I attended Accessed from 193 to make 2 9 3 193 >	
6. DATE OF BIRTH (month, day, and year) Qet 31 - 1889,	Clast saw her alive on may 29th, 1932; death is said	
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 4.30 6 m	
42 6 28. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	Date of onset Date of onset 1929	
work was done, as SILK MILL, SAW MILL, BANK, atc.	The state of shoot	
10. Date deceased last worked at this occupation (month and year)	min James Metaslaus	
12. BIRTHPLACE (city or town) Have de Grace (State or country) ways and,	Other Contributory Causes of Importanca:	
13. NAME Lesse J. Potklar.		
13. NAME LESSE J. Poffler. 14. BIRTHBLACE (city or town) Lure de Grace. (State or country)	Name of oparation Date of	
E 15. MAIDEN NAME Margaret M Rough li	What test confirmed diagnosis? Was there an au'opsy? _ Acco	
15. MAIDEN NAME Margaret M haughling 16. BIRTHPLACE (city or town) Have the Subsection (State or country)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Servert J. Morle (Addrass) Servere de la Company	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, GREMATION, OR REMOVAL	Mannar of injury	
Placa augustul Date June 1, 1932	Nature of Injury	
19. UNDERTAKER Fellingtottyson. (Addrass) La Plant & D. Our	24. Was disease or Injury In any way related to occupation of decessed?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, spacify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis PECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IIN 4 1932	July 5,1927	Peritonitis	3 days ago
RUZRAU V. S		, , , , , , , , , , , , , , , , , , ,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	5424 STATE OF MARYLAND
PLACE OF DEATH	CERTIFICATE OF DEATH
County Hays	(50)
	Registration Dist. No. 184
Village or City Street Ord No.	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME TYPE COLONY	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
L 15 1889	may 17 182. 10 may 20 , 1874
(Month) (Dsy) (Year)	that I last saw han alive on anay 20, 1989,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
4 2 yrs. // mos. 3 ds. or min.?	DAMEND.
(a) Trade, profession or	***************************************
particular kind of work (b) General nature of industry	***************************************
business, or establishment in	(Duration) Jyrs. mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration)yrs
1 10 NAME OF 40 0	Totalla Maranasa un
FATHER Thomas Clarke	(Signed) Start B M. D.
IN 11 BIRTHPLACE	182 (Address) Duth on In deaths (som
OF FATHER (State or country) England	*State the Disesse Csusing Death, or, In deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF 12 MAIDEN NAME Mary Jane Barrett	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Maland	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
m. My Kurt, Ahank.	usual res.dence
(Address) Onalvern Pa	Good Samarilan P. 5/24, 1932
15 Filed May 20 1932 Do. J. S. Mchable	Hubert P Horbin Delta, Pa
If more b.anks are needed, addre.s tate Negistra	r, 16 W. Saratoga St., Salto., Lequesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by approved by Committee of Nomenclature of the American Medical Association (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condietc. The contributory

answered in detail, it will preven to ther data is essential and must be obtained permanently filed. If this certificate is looked ever throughly and all questions asserted in detail, it will never the correspondence. All the elore the certificate is



of infor-

of occorn.

Exact statement

properly classified.

certificate.

jo

See instructions on back

PHYSICIANS should state PERMANENT RECORD. Every stated EXACTLY. BINDING FOR THIS-MARGIN RESERVED PLAINLY, WITH UNFADING INK-AGE

should be

CAUSE OF DEATH in plain terms, se that it may

TION is very important.

19. UNDERTAKER

(Address)

mation should be carefully supplied.

V. S. No. 1

-WRITE

B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 65425
1. PLACE OF DEATH	108)
County Harford	Registration Dist. No. 181
Village or City DRock Run	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Mary Florence	Dever
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 24, 1932 (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attanded daceased from
(or) WIFE of	22. HEREBY CERTIFY, Thet I attanded daceased from
6. DATE OF BIRTH (month, day, end year) March 21, 18675	I tast saw he have sellive on Racy 2 3 193 2; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et . V. P. 'm.
77 h 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta deceesed lest worked at this occupation (month and	
9. Industry or business in which	,
work was done, as SILK MILL, SAW MILL, BANK, etc	***************************************
This condition (month and 1)	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Rock Run	(Freumong Labal?
(Stata or country)	
13. NAME Samuel Lowe	
14. BIRTHPLACE (city or town)	Name of operetion
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Starrett Silver	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME STORTET SILVE 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Date of injury
≥ (Stata or country)	Where did injury occur?
17. INFORMANT My Suoi Standiford (Address) Have Su Grace	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tarmon Data Mon 16 1936	Natura of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

II so, specify

(Signed)

(Address)

24. Wes disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," coverative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

-WRITE PLAINLY,

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	1. 11	43	î	
- 5	54	Nul	ſ	>

1. PLACE OF DEATH	<u>(79)</u>
County Lordon County Corporation	Registration Dist. No. 185
Village or City Lave de Grall !	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sulliur R. Loste	A .
CIII	St. Ward.
(a) Residence: No. Quitable (Usual place of abody)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Surrice the world)	21. DATE OF DEATH
Male putite runnied	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIEY, That I attended deceased from
(a) WHEN blanche tokler.	(shoul 26, 1932, to hear 1, 1932
6. DATE OF BIRTH (month, day, and year) Tuly 18- 1877	I last saw have alive on Quant 1, 19 32; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
5, × 9 /2 10dy,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
3. Industry or business in which	leure Miconous 1/26
work was done, as SILK MILL, SAW MILL, BANK, atc	32
year) occupation	Other Contributory Causes of Importanco:
12. BIRTHPLACE (city or town). Carre de Grace. (State or country) Mary San A.	
13. NAME Claston Joseph 14. BIRTHPLACE (city of town)	
(State or country)	Name of operation
15. MAIDEN NAME Mary Khught	What test confirmed diagnosis? Was there en autopsy? 130
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Juliu & Foster?	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Bultimore, Zud	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Get Date Way 7.19 J	Nature of injury
19. UNDERTAKER The ground flow	24. Was disease or injury in any wey releted to occupation of dacaased?
(Addrass) Turede Parale Jud	If so, specify (Signad) ASULOON Corows
20. FILED/ May 3, 1932 Chiellas J. Tolly M. Registrar.	(Signad) Sauce of Correct Management of Grand Management of Grand
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.0
County Kareford	Registration Dist. No. 185
Village or City Have de Grace	No. St., Ward
8 m (II	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Wary Jules	1
(a) Residence: No. Strapling alley	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Leccale Golored married	(Month) (Day) (Yaar)
5a. If married, widowad, or divorcad	22. HEREBY CERTIEY. That I attended Increased from
(or) WIFE of Cloyd Tiles.	19 1032 in this stended states and the states and the stended states are states and the stended states and the stended states are states and the stended states are states and the states are states are states and the states are states and the states are states are states and the states are states are states are states are states and the states are
6. DATE OF BIRTH (month, day, and year) June 13-185%	I last saw de aliva on me 193 ; daath is sold
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
80 16 2-3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
2 Trade profession or particular O	were as follows:
kind of work done, as SPINNER, Couseworke SAWYER, BOOKKEEPER, etc.	Chowe Milal
kind of work done, as SPINNER, Could work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this cecased in the country of the country	rasurgalian with
SAW MILL, BANK, atc.	12 1 D. 10 1
spent in this	The transferred of
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) There de vace !	
(State or country) Waryland	CK Rauslin
13. NAME alraham Ofigy. 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Jame Orefalury.	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Cloyd Liles.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) Heeke de Crale.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place At Thursday Data May 1,19 01	Nature of injury
19 UNDERTAKER Lecunquations	24. Was disease or injury in any way related to occupation of dacaased?
(Address) Have ag Grace nies	If so, spacify
20 FILED May 10 1932 Charles I Foley m. a	(Signed) M. D.
Registrar.	(Address) Aug & Franchel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

	No. Hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No.	sds. How look g in U.S. if of foreign birth? yrs. mos. ds Ast., Ward.
(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Still Bon
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of Importance:
E 13. NAME Chilord Johnson	
13. NAME (liftord formanic 14. BIRTHPLACE (city or lever) Septord (State or country) Septord	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Margethin Hardy 16. BIRTHPLACE (city or town) aberdaew (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Margretha Hardy (Address) Abgrdelly md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Day 24, 1932	Manner of injury
19. UNDERTAKER Stenry Tarring & Sand (Address) Havrey se Espee no.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED May 24, 1932 Charles J. Faley 770 Registrar.	(Signed) M. (Address) Law a France Turk

V. S. No. 1

PHYSICIANS should state

EXACTLY.

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

ITH UNFADING INK-THIS IS A PERMANE

FOR BINDING

MARGIN RESERVED

properly classified.

RECORD. Every item of infor-

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

BULEAU V. S.

7001 7 NOC

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation,

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

carefully supplied.

mation should be

of OCCURA-

Exact statement

V. S. No. 1 N. B. STATE OF MARYLAND—CERTIFICATE OF DEATH

05430

1. PLACE OF DEATH	GF-2		
County durford	Registration Dist. No. 181		
Village or City alberdeen Ferry	St., Ward		
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. It of foreign birth?yrsmosds.		
2. FULL NAME Searce & Holly	A		
	\\\		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 58. It merried, widowed, or divorced	21. DATE OF DEATH Month (Month) (Day) (Year)		
HUSBAND OF Florence Etta Hammon	22. I HEREBY CERTIFY, That I ettended decaased from		
6. DATE OF BIRTH (month, day, and year) Selt 22-1862	1 last sew h alive on, 19; death is said		
7. AGE Years Months Days It LESS than	to have occurred on the date stetad abova, atm.		
69 7 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	national Care		
9. Industry or business in which there is nowing work was done, as SILK MILL,			
SAW MILL, BANK, etc 10. Dato decassed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation year)	Grand Tangers		
12. BIRTHPLACE (city or town) North (State or country)	Other Contributory Causes of importance:		
13. NAME Searges Holler	Death due to heart trouble cursos		
14. BIRTHPLACE (city or town) (State or country) Manual (State or country)	Name ot operation		
	What tast confirmed diagnosis?		
Ŧ ·	23. It death was due to axternal causes (VIOLENCE) fill in also the following:		
State or country)	Accidant, suicide, or homicide? Dete of injury		
17. INFORMANT MUS. Les Holly. (Address) Hours & Les Holly.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Represented Carelante man 9, 1932	Manner ot injury		
19. UNDERTAKER Jennington & Son: (Addiass) Cane da Sons Co. Med	24. Was disease or injury in any wey related to occupetion of deceased?		
20. FILED 5 7 , 1932 - All Michael Registrar.	(Signed) Va Ballage Common M. D.		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	- 112	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEAR RECORD. Every them of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. A. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9-20 .05431
County Hardard.	Registration Dist. No. 170
Village or City for the City (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred - yrs mos	ds. How long in U, S. if of foreign birth?yrsds.
2. FULL NAME Cruely I toh	uson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Well 30 , 193 Z (Month) 4 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
fances Johnson.	1922 10 May 30 1032
6. DATE OF BIRTH month, day, and year free 11-1853	I last saw h alive on May 43 / ,19 32; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at gradum. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/8 / 7. // ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPHNNE seuse Negle SAWYER, BDDKKEPER, etc.	
9. Industry or business in which	Without the quealation 1899.
work was done, as SILK MILL, SAW MILL, BANK, etc	1010
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Only Castinatory Castes of Importance.
(State or country)	
13. NAME (State of town) (State of town) (State of town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Cruely Jan.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country) (Muror M	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. J. J. J. J. J. Ludors (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBINI, CREMATION, DE REPOVAL	Manner of injury
Colletyoury Cla Date June 2, 1972	Nature of injury
19. UNDERTAKE Jory Leigen & Goods. (Address) Denton med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 30 , 19.32 Fred ellevilok.	(Signed) Mart WW Edg word W. D.
	2411 N. Charles Street Baltimore Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	. 8 T	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	I TONG I TOUGH	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	443	3 days ago
	Tr.		- 41307-13	1
			03/	Then I
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

If more blanks are needed, addre

193

(Year)

Date of enset

(Day)

weeperman	(11001033) 8		F
State Registrar 2400 N C	harler Street Relaimans	D 971 C	N7

(Signed)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred How long In U.S. If of foreign birth? vrs. mos. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OF DEATH OR DIVORCED (write the word) CTL 5a. If married, widowed, or divorced HUSBAND of 22. RTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years If LESS than Months Days to have occurred on the date stated above, at, 1 day, hrs. The PRINCIPAL CAUSE OF and related causes of Importance ormin. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this AGE that occupation_ instructions 8 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) lain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide? _____ Date of Injury_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? _____ V__ (Specify city or town, county and State) plnous Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Nature of Injury.

BINDIN

RESERVED

19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Day)

(Year)

Date of onset

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage JUN 0 13.6	July 5,1927	Peritonitis	3 days ago
BUREAU V.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	MITS 07 (157-C)
	County Harfard	Registration Dist. No. 185
frem of hould	Village or City Agore de Grace	No. Hasfital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
E S	Langth of residance in city or town where daath occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
ND. Every	2. FULL NAME Victoria Lester	
RD. IYSI(stat	(a) Residence: No. Move de Duce, (Usual place of abode)	97.8t., Ward. If nonresident give city or town and State
PH BCO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
MANE A CT	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed from May 20 1932, to May 24 1932
BIN EX EX y cla	6. DATE OF BIRTH (month, day, end year) May, 20, 1932	I last saw h . () alive on
	7. AGE Yaers Months Days If LESS than	to have occurred on the date stated above, atm.
FOR IS A I stated proper ertifica	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 00	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
		Imbilical
K-T tould may back	9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc	(ferranciage (memaling)
ZO Z E	To. Date dacaased last worked at this occupation (month and spent in this	allers. Intermeter
RE I VG I AGE that ons	year) occupation	Other Contributory Causes of importance:
. 64	12. BIRTHPLACE (city or town) Navre - de - Brace	
MARGIN UNFADI supplied. n terms, se ee instruct	(State or country) Md.	
	13. NAME Faul Lester	
M. TH U y su ain t	14. BIRTHPLACE (city or town)	Name of operation ty allow of Windelina Date of 2/24/3
TT Illy pla	(State of country) overgraphs	What test confirmed diagnosis? Was there an autopsy?
refu in	15. MAIDEN NAME Q living Richardson 16. BIRTHPLACE (city or town). Habre de Arace	23. If daath was due to external causas (VIOLENCE) fill in also the following:
ort a	16. BIRTHPLACE (city or town) Value de Vrace (Stata or country)	Accident, suicide, or homicida?, 19, 19, 19
EATH import	P D I -	Whare did injury occur? (Specify city or town, county and State)
PEGA	17. INFORMANT AUL Section (Address) Of Aure An Grand med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
22 40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
TTE on s	Place St. James blew. Data May 24, 1932	Natura of Injury
-WRITE mation s CAUSE TION is	B. Madia Mitaboo	
TCH TECH	19. UNDERTAKER A Jacob Meddel (Addrass) Lace de Grace mod.	24. Was disease or injury in any way releted to occupation of daceased?
20 700	20 SUSTALL 24 32 Reels O John Son	(Signed) Carles I tales M. D.
» Z	20. FILED Asy 5 , 19 Registrar.	(Address) Atura knoway Fred
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH (5435)
1. PLACE OF DEATH	942
County Nauford	Registration Dist. No. 180
Village or City / Lag Ew o pa	No. St. Ward
Length of residence in city of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Malifr	ii
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Funale white process (write the word)	Meley 16, 193 Z (Month) (Day) (Year)
5a. If married, widowad) or divorced HUSBAND of (or) WIFE of Walle	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year) Arts - 1874	, 19, to, 19,
of Data Dr. Dr. Ryll (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to heve occurred on the dete stated above, atm.
101min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Welsewije.	
kind of work dona, es SPINNER, When the SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et 11. Total time (years)	luque record
10. Dato deceased last worked et this occupation (month and year) 11. Total time (years) 35 spent in this occupation	
Buna	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME TO CLICAL 14. BIRTHPLACE (city or town) Francisco	Name of operation
(Stata or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or equator)	23. If death was due to axtarnal causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT GLICA Walle (Address) Edy ELVOTA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Along clon Could Data May 17, 1932	Netura of Injury
19. UNDERTAKER Howard K Mclocker (Addrass)	24. Was disease or Injury le any way related to occupetion of deceased?
20, FILED may 18, 1932 Tired Moulok Registrar.	(Signad) Mary Will Edgeword M.D. (Address) Edgeword Migh

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	S BY PHYSICIAN	
	,	

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In Ward) stated EXACT property class of certificate. a hospital or institu-tion, give its NAME ir-stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 000 may be WIDOWED OR DIVORCED (Write the word) houid 6 DATE OF BIRTH on ee instructions that 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH terms or min.? 8 OCCUPATION ERV (a) Trade, profession or 2 0 particular kind of work piai (b) General nature of industry S importan business, or establishment in 2 which employed or (employer) be car Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) OD 10 NAME OF Should E OF 0) Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether ⊃ TIOIT Accidental, Suicidal or Homicidal, 12 MAIDEN NAM Informati O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or country) 0 Where was disease contracted, of should Every item of CIANS should statement of if not at place of death?... Former or ususl residence DATE OF BURIAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Howemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile foctory. The material or Al Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation (b)

spinal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EA. I TAINING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemie eerebro; рпеитота, Bronchopneumonia ("Pneumonia,"

FULKAU approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Ezhaustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Sewile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Corna," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

answered in detail, it will prevent further correspondence. permanently filed. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and a'l questions TION is very important. See instructions on back of certificate.

state

Exact statement of OCCU

STATE OF MARYLAND—CERTIFICATE OF DEATH

	,	ph.	.0	681	di
	2	19	10	3	1
- (U	U	X.		æ

1. PLACE OF DEATH	(1) 40 1
County Harford	Registration Dist. No. /80
Village or City Harford Furnace	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Thomas Edward Me	Ome of the
	propula.
(a) Residence: No. Harford Furnuse (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY. That i attended daceasad from
6. DATE OF BIRTH (month, day, and year) March 12 /872	I last saw h m aliva on was 5 1937 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
60 1 12 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance ware as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, Furmer SAWYER, BOOKKEEPER, etc.	Chronice Velundos Date of onset
SAWYER, BOOKKEEPER, etc. Juwwev	Kepst diseace
work was done, as SILK MILL, SAW MILL, BANK, etc	Chronce mursulas
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last workad at this occupation (month and yaars) spent in this occupation.	nepme
12. BIRTHPLACE (city or town) Durford Furnace (State or country) Manyland	Other Contributory Causes of importance:
13. NAME Dennis Mc Donald	
13. NAME Dennis Mc Donald 14. BIRTHPLACE (city or town)	Nama of oparation Data of
(State of country) / Caruland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unna Moran	23. if daath was dua to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country) Maryland	Accidant, suicide, or homicide?
17. INFORMANT Margaret Me Donald (Address) Bel an R. F. D. No. 2	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place St frances Comby Date May 7, 1932	Natura of Injury
19. UNDERTAKER Stoward K mcloanes	24. Was disease or injury In any way raiated to occupation of daceased? Wo
(Address) Abragain. ma	If so, specify
20, FILEO May 13, 1932 Fred Morelose Registrar.	(Signad) Plany Mun Re
Account Meganian	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	11	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JU,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MOTHER FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5438)
1. PLACE OF DEATH	94.2
County Harfard #17#19 ROSTORATE	Registration Dist. No. 185
Village or City Haire-de Grace	No. Haspital St., Ward
Length of residence In city or town where deeth occurred 33 yrs. & mos	death occurred in a hospital or institution, give its NAME instead of street and number)
1	ds. now long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Darah Colegatelh	er arcia
(a) Residence: No. O 22 January (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Source of Divorced 4. COLOR OR RACE OR DIVORCED (write the word) Thankied Thankied	21. DATE OF DEATH (Mooth) (Dey) (Year)
HUSBAND of Charles Peter Molla	1 HEREBY CERTIFY, That I attended deceased from 23 1,1932, to My 23 1,1932
6. DATE OF BIRTH (month, dey, end yeer) May 23, 1893	I lest saw h les elive on Zuca 28 , 19.8 2; deeth is said
7. AGE Years Months Days If LESS than I day, — hrs.	to heve occurred on the dete steted above, et
9 Trade profession or particular	were as follows: Date of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et 17. Total time (years)	J
this occupation (month and May 1932 spent in this occupation 10 year)	
12. BIRTHPLACE (city or town) Navel de - Grace (State or country) Manuelaud	Other Contributory Causes of Importance:
13. NAME . Searge Phallewhach 14. BIRTHPLACE (city or town) Johnson	
(Stete of country)	Name of operation. Whet test confirmed diagnosis? Ly. Au C. Was there en autopsy? (C.)
15. MAIDEN NAME Mary Planson	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME Mary Plarson 16. BIRTHPLACE (city or town). Have de Frace (State or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT M. GLOUGE Of affendach. (Address) Loure de Grace Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place May 26,932	Manner of Injury
19. UNDERTAKER Madison Mitchell (Address) Navndi Brace Mid.	24. Wes disease or injury In any way related to occupation of deceased? Lo
20. FILED nay 25, 132 6 Kaeles J. Foley M. D. Registrar.	(Signed) M. D. (Address) Hayn R. Frace Mul.
76 11 1 11 6 5	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 2001 + NGP	3 days ago
		MECENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR EUDTHER STATEMENTS BY DUVSICIAN

	NIS DI IMISICI	

1. PLAC	SIAIL SIAIL	OF MARYLAND-	-CERTIFICATE OF DEATH (543)
Count	8/21/	C WITHIN DEPARTMENT	10
	e or sity there	le Grace	No.3/6 S. Starker St., W
Length	of residence in city or town when		If death occurred in a hospital of institution, give its NAME instead of street and number) s
2. FULL	NAME 6 dwes	a Engood de	ancon
(a) R	esidence: No. 3/6 🗴	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PER	SONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OB-RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May / 198 (Month) (Day) (Yeer
HUSBAN	widowed of divorced	P. M. 1	
(or) WIF	E of Frene L	illian x han	22. May / CERTIFY. That I attended treased
6. DATE OF B	SIRTH (month, day, and yeer)	Sept. 9, 1859	I last saw harmalive on 19 ; death is
7. AGE	Years Months	Days If LESS than	to have occurred on the date steted above, at 12-5 m.
	72 8	1 day, — hrs. or — min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:
8. Trade	, profession, or particular nd of work done, as SPINNER, AWYER, BOOKKEEPER, etc.	Retired	
F Gindus	try or husiness in which		Villoca Olinonogs
9. Indust	try or business in which ork was done, as SILK MILL AW MILL, BANK, etc.	comber Osaler	
O 10, Date	deceesed last worked at	28 11. Total time (years) spant in this 30%	
	ear)	28 spant in this 30%	
12. BIRTHPLA	CE (city or town)	rede Grace	Other Coutributory Causes of importanco:
(State	or country)	md.	Interio Islevisio
13. NAME	Tranklyn	D. Jear Son	
	IPLACE (city or town)	· Carolina	Name of operation Date of
	itete or country)		What test confirmed diagnosis? Was there an au'opsy? J.
15. MAID	EN NAMEDUS an	nah c. Cook	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTH	IPLACE (city or town)	all md.	Accident, sulcide, or homicide? Date of injury, 19
<u> </u>	tate or country)	1 1115	Where did injury occur?(Specify city or town, county and State)
17. INFORMAN (Addre		na. 11. Durns	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, C	REMATION, OR REMOVAL	1 1/1-111	Manner of injury
, Place	inger still	Com Date /// Ay 14,193	Nature of injury
19. UNDERTAI	- 4	ern Mitchell	24. Was disease or injury in any way related to occupation of deceased?
(Audie	iss) / faction.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriaselerasis	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephritis	1921	Run aver by street ear	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DULETU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PI	LACE OF	DEAT	H O			(1)
C	ounty	Lary	lord			Registration Dist. No. 184
V	'illage or Ci	ty	Durk	len		No. St., Ward
	enath of racio	tence in cit	or town where	death accurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth?yrsmosds.
	-	0	5.0-	L D.		yismosgs.
	ULL NAM		man	r v Lo	22	
	a) Residence		<i>U</i>		ace of abode)	St., Ward. If nonresident give city or town and State
	PERSON			-	TICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	ale		OR RACE		ARRIED, WIDOWED, CED write the word)	21. DATE OF DEATH (Nonth) (Oay) (Year)
HUS	rried, widowe	ed, or divor	ced			V
(or)	WIFE of					22. I HEREBY CERTIFY, That I attended deceased from
6. DATE	OF BIRTH	month, day.	and yaar)	cay 5.1	1932	I last saw h aliva on 19 death is said
She	Year		Months	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. 1	rede, profes	sion, or par ork dona, a	ticular s SPINNER,			Date otonset
E P	SAWYER, Industry or b	BOOKKEEL	ER, etc			Still born
UP	work was SAW MILI	done, as SI L, BANK, et	LK MILL, —			4
OCCUPATION 10.	Date decaase		ad at	11. Tot	al time (yaars) spent in this	377
	year)				occupation	Other Contributory Causes of importance:
	HPLACE (city State or coun		my			Cities Continuintly Causes of Importance.
₩ 13. N	NAME (Diel	hur T	Coss		
13. M	SIRTHPLACE (State or		(n) Mid	\		Name of operation Oata of What test confirmed diegnosis? What test confirmed diegnosis?
15. N	MAIOEN NAM	AE 7	Maule	Cox		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. M	BIRTHPLACE	(city or tow	m Va			Accidant, suicide, or homicide? Date of injury, 19
Σ	(Stata or					Where did Injury occur?
17. INFO	RMANT Address)	Week	un Ro	20		(Specify city or town, county and State) Spacify whather Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
	AL, CREMATI			1 6-	-1,	Manner of Injury
P	lace	Lycsa	~ Con	Oate	1.6	Nature of injury
19. UNOE	RTAKER Address)	Tai	he breet-	Md.	***************	24. Was disease or injury In any way releted to occupation of decaased?
20. FILEO	5/4	2, 1	32	m w	The 1 Registrar.	(Signad) Wellard & Hulland M. O. (Address) Flilt Hell md
	1	271	If more	blanks are neede	d, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis - 22114	\$ days ago
		7001 9 NAC	1
Other contributory causes of importance:	112	Other contributory causes of importance	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

05441

1. PLACE OF DEATH		(19)	
County Renford	SITEIR TORPORATO LIMI	The er Regist	ration Dist. No. 185
Village_or City		NO. death occurred in a hospital or institution, give its ds. How long In U.S. if of foreign bi	
2. FULL NAME delta. (a) Residence: No. St. 20	Cursing (Usual place of abode)	St., Ward.	resident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFIC	
3. SEX 4. COLOR OR RACE ! Levalo 20lored ! 53. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mas (Month)	7 2 1 , 193 (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	- 1	5000	T 1 F Y, That I attended deceased from to, 19.3.2
7. AGE Years Months 8. Trade, profession, or particular kind of work done, as SPINNER,	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and relat were as follows:	
Note that the second of the se	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	Lo
13. NAME HOLDER (city or town) A Country) 14. BIRTHPLACE (city or town) A Country)	Rungerf rede Grace	Name of operation	
15. MAIDEN NAME STOLL 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Super f	23. If death was due to external causes (VIOLE Accident, suicide, or homicide? Where did Injury occur? (Specify Specify whether injury occurred in INDUSTRY)	city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place	Date 2 4 23, 1933	Manner of injury	
19. UNDERTAKER (Address) 20. FILED Aug 23 , 1932 Charle	John Hour	24. Was disease or Injury in any way related If so, specify (Signed)	M.D.
1	Registrar.	(Address) our p	July July

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

A/de		CERTIFICATE OF DEATH	142
SUL	1. PLACE OF DEATH		
should sha	County Varford "ITEIR CORPORATO LIN	Registration Dist. No. 185	
sho of (NoSt.,	
PHYSICIANS out statement	Length of rasidance in city or town whara death occurredyrsmos.	ds. How long in U.S. if of foraign birth?yrsmo	sds.
еше	2. FULL NAME William Grank	yn Scott	
state	(a) Residence: No Havre de Grace	St., Ward.	
Exact s	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
	Male Black Married (Write the word)	21. DATE OF DEATH Rives Mby, 26 (Month) (Day)	193 2 (Year)
	ba. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Lacket L. Scott	22. I HEREBY CERTIFY, That I attended of	
	0 1 1870	Libetony b	
alle	6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I last saw h alive on, 19, 19, to have occurred on the data stated above, at A_m.	; daatii is said
certincate	53- 113 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
	8 Trade profession or particular	ware as follows:	Date of onset
	SAWYER, BOOKKEEPER, etc.	Jucast orvery	
	9 Industry or business in which work was done, as SLLK MILL, SAW MILL, BANK, etc		
	SAW MILL, BANK, etc		
	11. Total time (years) this occupation (month and May 193 spent in this 3 8 occupation.		
	7/	Other Contributory Causes of Importance:	
	12. BIRTHPLACE (city or town) (State or country)		
	II 13. NAME Znknow		
	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	(Stata or country)	What test confirmed diagnosis? Was there an a	utonsv? Mg
	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:	4 .
	16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Lucide Data of Injury 5/2	6,1032
	∑ (State or country)	Whare did injury occur? Naule de Brace,	md.
	17. INFORMANT Pro Tachel & Seath (Addrass) House de Grad Ind.	Specify whathar injury occurred in INDUSTRY in HOME, or in PUBLIC PLA	CE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Drawning	
	Place I James Compate May 27932	Nature of injury	
	19. UNDERTAKER Madison Mitchell	24. Was disease or Injury in any way related to occupation of deceesed?	no
	(Address) / faire de Grace 411d.	If so, specify	Cora
	20. FILED May 27, 19 32 6 harles Ja John Brigistrar.	(Signed) Audrass) No free m	1
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.	

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Example I	S. Constant	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUZZZUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10)
County Harford,	Registration Dist. No. 18
Village or City swam freek	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Tozolale L. Suit	the.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WILLIAMS	MEDICAL CERTIFICATE OF DEATH
wale relite OR DIVORCED (win the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of/	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Selet. 10-1925	I last saw h. to alive on Ture 9001, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated obove, at
6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	find to
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Frasiling Diphtheria 76-13
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	/
26	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Ax Emin +
13. NAME / Cocuas Smitte	acut Cerdiac talan
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation
15. MAIDEN NAME Florence Sampson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) (Clear Gardy	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Survey Trest, Jud.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Quelly Date way 10 19 31	Manner of injury
Place Date Date 19 19	Nature of injury
19. UNDERTAKER Human grantonif	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) The distriction of the	(Signed) 4 70 Velue M. D.
20. FILED Registrar.	(Signed) M. D. (Address) Mason D. Brand Med
	The second secon

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MEDI	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1000	July 5,1927	Peritonitis	3 days ago
			•	
Other contributory causes of impo	rtance:	TEMES!	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V	should sig	
	K. BA-WRITE BLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item oblinformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should see CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP TION is very important. See instructions on back of certificate.	
	T RECOR	
MARGIN RESERVED FOR BINDING	RMANEN X A C T L classified.	
FOR B	S IS A PE stated E properly certificate	
SERVED	Should be it may be on back of	
GIN RE	FADING 1 ied. AGE ns, so that structions	
MAR	with the fully supplied plain term	
	AINLY, AINDEATH IN IMPORTANT	
	WRITE BLAINLY WITH CNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E ? CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.	
W. S. No. 1	M BOF	

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5444
1. PLACE OF DEATH	92.0
County Harford	Registration Dist. Np.
10 00	No. St., Ward
Village or City Julian Guller (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Lydia May Smi	the same of the sa
(a) Residence: No.	_St., Ward.
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Many 3
timbe White Widon	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Charles Smith	may 2 19 32 10 my 4 19 62
5. DATE OF BIRTH (month, day, and year) Mov, 23 1848	Hast saw has alive on May 4 19 : death is said
7. AGE Years Months Days J If LESS than	to have occurred on the date stated above, at 5 Pmm.
86 4 10 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	4
9. Industry or business in which work was done, as SILK MILL,	Chronic Endo car de tre
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spentin this	
year) occupation	Dther Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME ON JOHNSON	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / PROPERTY	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or gountry)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Trank miles	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Working to	Manner of injury hursday 15 octobe
Place Darlingto um Date May 5, 1932	Nature of injury
A 2. B-10.	
19. UNDERTAKER (Addiess) 10 and another Made	24. Was disease or Injury in any way related to occupation of deceased?
2017	(Signed) YY, B 7 Lilk Mb M. D.
20. FILED 19.32	(Address) A arley we mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1		Gastroenteritis	1 year

V. S. No. 1

BINDIN

FOR

MARGIN RESERVED

(Address)

Registrar.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND	CERTIFICATE OF DEATH 05446
1. PLACE OF DEATH	(107)
County of the form	Registration Dist. No. / 6
Village or City Letry me	No. St., Ward
Length of residence in city or town where death occurred 2 Syrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?
2. FULL NAME COOKON VIII	levery sockham
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
4. COLOR OB PACE 5. SINGLE, MARRIED, WIDOWEL OR STREET Carrie the word	
5a. If married, widowed or divorced HUSBAND of Morion H. Drockha	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 17, 186- 7. AGE Years Months Oays If LESS the 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, COLLEGE OF SAWYER, BOOKKEPER, etc.	Turshat moured
9 Industry or business in which work was done, as SILK MILL,	Dhead.
kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10: Oate deceased last worked at this occupation (month and spent in this spent in this	28
year) occupation	Char Carbillaton Connections
(State or country)	Other Contributory Causes of importance:
13. NAME Chaples Stocker	ita.
13. NAME Noples Stocker	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external cluses (VIOLENCE) II in also the following: Accident, suicide, or homicide Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Harlugh Lensly Oate May 31 19.	Manner of injury Interest work
19. UNDERTAKER Benry Farring Jsons (Address) aleralian mil	24. Was disease or injury in any way related to occupation of deceased? 16 so, specify
20. FILED May 29 32 Office A. Registral	ac (Signed) Wed and mary many
4	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		EEAEOE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

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1. PLACE OF DEATH County Suffords	Registration Dist. No. 180
Village or City Lagrenova	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Walky & Lew	word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE OR DIVORCED ("write the word) Walte	21. DATE OF DEATH Mey (Day), 193 Z. (Year)
5a. If married, widowed or divorced HUSBAND of Waterday Franch (or) WIFE of Waterday Franch	22. I HEREBY CERTIFY. That i attended deceased fr
5. DATE OF BIRTH (month, day, and year) 2W 14-1878	Hast saw has alive on aft 99 ,1932; death is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 7, 05 Gens
53 5 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. A STORY THE SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and was seen to this occupation (month and was seen to this occupation).	
9. Industry or business in which work was done, as SILK MILL, U USELIAL SAW MILL, BANK, etc.	Hemontay funding 19
10. Date deceased lest worked at this occupation (month and) 11. Total time (yeers) spent in this occupation / 42	Column liver Off 30 190
12. BIRTHPLACE (city or town) Mary Lewst	Other Coutributory Causes of importance:
13. NAME Joy R Lewword	
13. NAME SULLINGS 14. BIRTHPLACE (city or town)— Many Lund (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Ollecu & Bramba	23. If death was due to external causes (ViOL ENCE) fill in also the following:
15. MAIDEN NAME PLECE (State or country) 16. BIRTHPLACE (city or town) Waty low (State or country)	Accident, suicide, or homicide?
7. INFORMANT Waltidy Liver woof	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL / Place Aban golin andly Date May 4, 1932	Manner of injury
19. UNDERTAKER Howard K Melomas (Address) Almgdon, ma	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED May 3 , 19 3 2 Fred Morfole Registrar.	(Signed) MON GIVE EURA W

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPY.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

05448

1. PLACE OF DEATH	79.0
County Harford,	Registration Dist. No. 185
Village or City oldere de Srace:	No St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. tf of foreign birth?mosds.
2. FULL NAME Otis Milliams	
(a) Residence: No. Beaford, Wel,	St., Ward.
(Usual place of abode) / PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	21. DATE/OF DEATH
male colored OR DIVORCEO (write the word)	(Mohth) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet t ettended decessed from
(or) WIFE of	May 11 1932 to 19
6. DATE OF BIRTH (month, dey, and year) Jan. 15 - 1927	I last sew have alive on many 11 , 19.3.7; deeth is seld
7. AGE Years Months Oeys If LESS than	to heve occurred on the dete stated ebove, atm.
J D LJ ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	7niningitis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et	e a consequence
SAW MILL, BANK, etc	Saw patient 2 hours balon death
this occupation (month end year) occupation occupation	no teste made as to tuple
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(Stete or country) Delaware,	
13. NAME Rupert Milliams	
14. BIRTHPLACE (city or town) Williamy tou	Name of operation Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Warte West	23. If deeth was due to externet ceuses (VtOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide? Dete of Injury, 19
17. INFORMANT Rupert prilliams.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, to HOME, or in PUBLIC PLACE,
(Address) Seaford. Del,	
18. BURIAL, CREMATION, OR-REMOVAD Plece At James Lumbete May 12.19.32	Menner of injury
(A) , A	Neture of Injury
19. UNDERTAKER Illumatour Donald (Address)	24. Was disease or Injury in any way related to occupation of deceased?
The 12 3 - No 1 3 de S	If so, specify (Signed) M. D.
20. FILEO May 1 of 1952 Charles 4. Orly 15.20	(Address CR Wally to the age / MA)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2411 D.W.A.11 37 St. 18			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Here and the